Carol Leone Summer Day Camp
2021 Permission Form

My child _____(one per child) has my permission to participate in the following activities. I understand that the scheduled weeks are subject to change and that my permission extends to any of these activities any week my child is at camp. I understand that tennis shoes and socks must be worn to camp each day.

Date of Enrollment_____

Please check ALL Stay in place field trip:

___ Create a Styrofoam City Print
___ Paint Pouring on Canvas
___ Making Sense of Sound
___ Ninja
___ Rockets
___ Ceramic Bowl and Plate to Paint
___ Zentangle Canvas Creation
___ Build It Break It
___ Engineering Challenge
___ Junior Chef

I give my permission for (full signature required for each item):

My child to take trips and walks under supervision of qualified staff. _____

My child to participate in the Center's swimming and/or wading program under the supervision of qualified staff. _____

The administration of minor first-aid procedures by qualified staff. _____

The administration of non-prescription medications. _____

I further give my consent to all emergency medical or dental procedures which would be necessary to preserve my child's life or prevent permanent impairment of my child's health. _____

I agree to abide by the policies and procedures of Carol Leone. _____

Please describe any disabilities, special needs or medical / dietary restrictions for your child(ren)

_____

_____

Signature_____ Date_____

PrintName_____